

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.




READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4345</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Luther</u> <u>H</u> <u>Goins</u> P.O. Box, Bldg., Room No., if any Street <u>1125 West Farwell #3C</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60626-3850</u>	4. Name, file number, and address of labor organization. Name <u>Actors' Equity Association</u> Labor Organization File Number <u>006029</u> P.O. Box, Building and Room Number, if any <u>Suite 1500</u> Street <u>125 South Clark Street</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60603-4037</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Jewtopia Chicago LP</u> Trade Name, if any: <u>Richards/Climan, Inc.</u> P.O. Box, Bldg., Room No., if any <u>Suite 704</u> Street <u>165 West 46th Street</u> City <u>New York</u> State <u>New York</u> ZIP Code + 4 <u>10036</u>	7.a. Nature of Interest, Transaction, or Income. <u>Complimentary Tickets.</u> 7.b. Amount. <u>\$390</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>12/31/2005</u> Date	<u>773.465.1399</u> Telephone Number

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For Official Use Only

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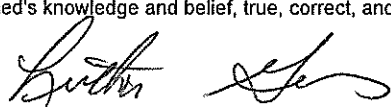
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / 2005 Through: <input type="text"/> 12 / <input type="text"/> 31 / 2005
3. Name and address of person filing. Name <input type="text"/> Luther <input type="text"/> H <input type="text"/> Goins P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 1125 West Farwell #3C City <input type="text"/> Chicago State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 60626-3850	4. Name, file number, and address of labor organization. Name <input type="text"/> Actors' Equity Association Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Suite 1500 Street <input type="text"/> 125 South Clark Street City <input type="text"/> Chicago State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 60603-4037
5. Position in labor organization. <input type="text"/> Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Light Opera Works Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 927 Noyes Street City <input type="text"/> Evanston State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 60201	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> Complimentary Tickets. 7.b. Amount. <input type="text"/> \$300

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> 12/31/2005	<input type="text"/> 773.465.1399
	Date	Telephone Number